



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 4719

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/767,016	01/29/2004	370	2472	TAN-2-1400.06.US
<b>RULE</b>				
<b>APPLICANTS</b> Lawrence R. Foore, Palm Bay, FL; James A. Proctor JR., Indialantic, FL;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/345,810 01/16/2003 ABN which is a CON of 09/773,252 01/31/2001 PAT 6,542,481 which is a CIP of 09/088,527 06/01/1998 PAT 6,388,999 which is a CON of 09/030,049 02/24/1998 PAT 6,236,647 and is a CON of 08/992,759 12/17/1997 PAT 6,151,332 and is a CON of 08/992,760 12/17/1997 PAT 6,081,536 which claims benefit of 60/050,338 06/20/1997 and claims benefit of 60/050,277 06/20/1997				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/04/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/AFSAR M QURESHI/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 36
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> VOLPE AND KOENIG, P.C. DEPT. ICC UNITED PLAZA 30 SOUTH 17TH STREET PHILADELPHIA, PA 19103 UNITED STATES				
<b>TITLE</b> DYNAMIC BANDWIDTH ALLOCATION FOR MULTIPLE ACCESS COMMUNICATIONS USING BUFFER URGENCY FACTOR				
<b>FILING FEE RECEIVED</b> 1966	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	